



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jim McHale						
Street Address		1512 Bern Street						
City	Reading	State	PA	Zip Code	19604			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/2015	6/08/2015	
A. Amount Brought Forward From Last Report	\$	13,034	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	7,908	
C. Total Funds Available (Sum of Lines A and B)	\$	20,942	
D. Total Expenditures (From Schedule III)	\$	6,187	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	14,755	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

16<sup>th</sup> day of June 20 15Naomi R. Popa  
Signature

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Naomi R. Popa, Notary Public  
Wyomissing Boro, Berks County

My Commission Expires March 16, 2016

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report

Printed Name

853-6616

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

15<sup>th</sup> day of June 20 15Linda C. Troll  
SignatureJames R. McHale  
Signature of Candidate

Printed Name

My Commission expires 11 13 17  
MO. DAY YR.484  
Area Code467 7120  
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Linda C. Troll, Notary Public  
Spring Twp., Berks County

My Commission Expires Nov. 13, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	Friends of Jim McHale		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 75
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1,833
Total for the reporting period		(2)	\$ 1,833
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	6,000
Total for the reporting period		(3)	\$ 6,000
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	7,908

## PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	Friends of Jim McHale
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Amount

Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City					State		Zip Code	
						Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City					State		Zip Code	
						Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City					State		Zip Code	
						Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City					State		Zip Code	
						Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City					State		Zip Code	
						Date [MM/DD/YYYY]	\$	

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>		Brandon Kasper		<b>Date [MM/DD/YYYY]</b>	\$	133
				05/06/2015		
<b>House #</b>	11	<b>Street Address</b>	Brookfield Ave	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Sinking Springs	<b>State</b>	PA	<b>Zip Code</b>	19608	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Full Name of Contributor</b>		Tunc Sozerman		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/06/2015		
<b>House #</b>	201	<b>Street Address</b>	S 25th Street #508	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19103	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Full Name of Contributor</b>		John Brown		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/06/2015		
<b>House #</b>	1300	<b>Street Address</b>	Alsace Road	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19604	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Full Name of Contributor</b>		Beth Ann Fick		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/06/2015		
<b>House #</b>	911	<b>Street Address</b>	Ivy Court	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Wyomissing	<b>State</b>	PA	<b>Zip Code</b>	19610	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Full Name of Contributor</b>		William Gage		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/15/2015		
<b>House #</b>	78	<b>Street Address</b>	Linree Ave	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19606	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Full Name of Contributor</b>		Mary Fetter		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/15/2015		
<b>House #</b>	2013	<b>Street Address</b>	Magarity Court	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Falls Church	<b>State</b>	VA	<b>Zip Code</b>	22043	<b>Date [MM/DD/YYYY]</b>
						\$

## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>		Ricardo Nieves		<b>Date [MM/DD/YYYY]</b>	\$	100
				06/08/2015		
<b>House #</b>	2256	<b>Street Address</b>	Northmont Blvd		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19605	<b>Date [MM/DD/YYYY]</b>
<b>Full Name of Contributor</b>		Cindy Neel		<b>Date [MM/DD/YYYY]</b>	\$	100
				06/08/2015		
<b>House #</b>	152	<b>Street Address</b>	W Douglas Street		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601	<b>Date [MM/DD/YYYY]</b>
<b>Full Name of Contributor</b>		Lisa Penn		<b>Date [MM/DD/YYYY]</b>	\$	250
				05/15/2015		
<b>House #</b>	113	<b>Street Address</b>	Timothy Circle		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Radnor	<b>State</b>	PA	<b>Zip Code</b>	19087	<b>Date [MM/DD/YYYY]</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>

## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: Friends of Jim McHale

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>					Ted and Lisa Lavender		<b>Date [MM/DD/YYYY]</b>		\$	500
							05/06/2015			
<b>House #</b>	261	<b>Street Address</b>		Bernville Road		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Robesonia	<b>State</b>	PA	<b>Zip Code</b>	19551	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>				Berks Fire Water Restorations		<b>Occupation</b>		President / Owner		
<b>Employer Mailing Address / Principal Place of Business</b>				1145 Commons Blvd, Reading, PA 19605						
<b>Full Name of Contributor</b>					Thomas Gensbigler		<b>Date [MM/DD/YYYY]</b>		\$	500
							05/06/2015			
<b>House #</b>	3904	<b>Street Address</b>		Pamay Drive		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Mechanicsburg	<b>State</b>	PA	<b>Zip Code</b>	17050	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>				Berkshire Towers		<b>Occupation</b>		Dentist		
<b>Employer Mailing Address / Principal Place of Business</b>				3904 Pamay Drive, Mechanicsburg, PA 17050						
<b>Full Name of Contributor</b>					Javier Ortega-Benitez		<b>Date [MM/DD/YYYY]</b>		\$	500
							05/06/2015			
<b>House #</b>	124	<b>Street Address</b>		North 5th Street		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>				State Farm Insurance		<b>Occupation</b>		Owner / Broker		
<b>Employer Mailing Address / Principal Place of Business</b>				124 N 5th Street, Reading, PA 19601						
<b>Full Name of Contributor</b>					Heidi Masano		<b>Date [MM/DD/YYYY]</b>		\$	1,000
							05/15/2015			
<b>House #</b>	602	<b>Street Address</b>		Trent Ave		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Wyomissing	<b>State</b>	PA	<b>Zip Code</b>	19610	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>				Masano Bradley		<b>Occupation</b>		Partner		
<b>Employer Mailing Address / Principal Place of Business</b>				1100 Berkshire Blvd, Wyomissing, PA 19610						

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>					John Fick		<b>Date [MM/DD/YYYY]</b>	05/15/2015	\$	500
<b>House #</b>	315	<b>Street Address</b>		Hope Drive		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Blandon	<b>State</b>	PA	<b>Zip Code</b>	19510	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					Retired		<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										
<b>Full Name of Contributor</b>					Thomas Price		<b>Date [MM/DD/YYYY]</b>	05/15/2015	\$	500
<b>House #</b>	115	<b>Street Address</b>		Oak Lane		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Fleetwood	<b>State</b>	PA	<b>Zip Code</b>	19522	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					Herbein & Co		<b>Occupation</b>		Accountant	
<b>Employer Mailing Address / Principal Place of Business</b>					Century Blvd, Wyomissing, PA 19610					
<b>Full Name of Contributor</b>					Gerald Scribner		<b>Date [MM/DD/YYYY]</b>	05/15/2015	\$	1,000
<b>House #</b>	1909	<b>Street Address</b>		Meadow Lane		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Wyomissing	<b>State</b>	PA	<b>Zip Code</b>	19610	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					Retired		<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										
<b>Full Name of Contributor</b>					Brian Clements		<b>Date [MM/DD/YYYY]</b>	05/15/2015	\$	500
<b>House #</b>	300	<b>Street Address</b>		N Elm Street		<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>	Wernersville	<b>State</b>	PA	<b>Zip Code</b>	19565	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					Retired		<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>										



PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>					Stephanie Rawden		<b>Date [MM/DD/YYYY]</b>	\$	1,000
							06/08/2015		
<b>House #</b>	1635	<b>Street Address</b>	Old Wyomissing Road			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	Wyomissing	<b>State</b>	PA	<b>Zip Code</b>	19610	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>					Wing Pointe Corp		<b>Occupation</b>	General Manager	
<b>Employer Mailing Address / Principal Place of Business</b>					1414 Moselem Springs Road, Hamburg, PA 18526				
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>							<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>							<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>							<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>									

PART E

## Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refund s received, interest earned, returned checks and prior expe nditures that were returned to the filer.

Filer Identification Number:	Friends of Jim McHale
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Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description											

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	Friends of Jim McHale
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
		0

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	Friends of Jim McHale
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<b>To Whom Paid</b>		Crown Trophy			<b>Date [MM/DD/YYYY]</b>	\$	590.95
					05/05/2015		
<b>House #</b>		<b>Street Address</b>	P O Box 166		<b>Description of Expenditure</b>		
<b>City</b>	Kimberton	<b>State</b>	PA	<b>Zip Code</b>	19442	Marketing	
<b>To Whom Paid</b>		L&W Group			<b>Date [MM/DD/YYYY]</b>	\$	588.3
					05/05/2015		
<b>House #</b>	97	<b>Street Address</b>	N Main Street		<b>Description of Expenditure</b>		
<b>City</b>	Spring City	<b>State</b>	PA	<b>Zip Code</b>	19475	Invitations	
<b>To Whom Paid</b>		Scott Burger			<b>Date [MM/DD/YYYY]</b>	\$	158.36
					05/15/2015		
<b>House #</b>	663	<b>Street Address</b>	Cross Hill Road		<b>Description of Expenditure</b>		
<b>City</b>	Royersford	<b>State</b>	PA	<b>Zip Code</b>	19468	Expense Reimbursement	
<b>To Whom Paid</b>		Scott Burger			<b>Date [MM/DD/YYYY]</b>	\$	2,000
					05/15/2015		
<b>House #</b>	663	<b>Street Address</b>	Cross Hill Road		<b>Description of Expenditure</b>		
<b>City</b>	Royersford	<b>State</b>	PA	<b>Zip Code</b>	19468	Campaign Manager - Salary	
<b>To Whom Paid</b>		Service Access			<b>Date [MM/DD/YYYY]</b>	\$	850
					05/11/2015		
<b>House #</b>	19	<b>Street Address</b>	North 6th Street		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601	Rent	
<b>To Whom Paid</b>		Scott Burger			<b>Date [MM/DD/YYYY]</b>	\$	2,000
					06/08/2015		
<b>House #</b>	663	<b>Street Address</b>	Cross Hill Road		<b>Description of Expenditure</b>		
<b>City</b>	Royersford	<b>State</b>	PA	<b>Zip Code</b>	19468	Campaign Manager - Salary	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

<b>Filer Identification Number:</b>	Friends of Jim Mchale
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

  

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

  

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

  

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

  

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							